

HOGAN & HARTSON L.L.P.

500 SOUTH GRAND AVENUE
SUITE 1900
LOS ANGELES, CA 90071

Tel.: (213) 337-6700
Fax: (213) 337-6701

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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Long K Tran
Art Unit: 2818

DATE: January 11, 2005

FROM: Lawrence J. McClure

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 14

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MESSAGE:

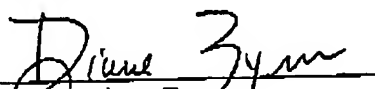
RE: U.S. Patent Application Serial No.: 10/615,680, Our Ref. 81872.0048

I hereby certify that the following documents:

- Amendment
- Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

January 11, 2005
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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 - Art Unit 2818

CLIENT NUMBER: 81872.0048

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (703) 308-4739 (please return fax to Diane Zynn)

FORM PTO-1083

81872.0048

Patent Application No. 10/615,680

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hisayuki INOUE

Serial No: 10/615,680

Filed: July 8, 2003

For: Apparatus Carrying Electronic Device

Art Unit: 2818

Examiner: Tran, Long K

I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9306:
 Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450 on
 January 11, 2005
 Date of Deposit
 Diane Zynn
 Name
 Signature *Diane Zynn* 01/11/05
 Date

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	13	-	20	**	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	4	-	3	***	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$0
Independent Claims: 1, 2, 6 and 8					TOTAL	\$200

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge the fee of \$200 for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
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- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
 Lawrence J. McClure
 Registration No. 44,228
 Attorney for Applicant(s)

Date: January 11, 2005

Biltmore Tower
 500 South Grand Avenue, Suite 1900
 Los Angeles, California 90071
 Telephone: 213 337-6700
 Facsimile: 213 337-6701

Appl. No. 10/615,680
Amdt. Dated January 11, 2005
Reply to Office Action of October 15, 2004

Attorney Docket No. 81872.0048
Customer No.: 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hisayuki INOUE

Serial No: 10/615,680

Confirmation No.: 9818

Filed: July 8, 2003

For: APPARATUS CARRYING
ELECTRONIC DEVICE

Art Unit: 2818

Examiner: Tran, Long K.

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AMENDMENT

Mail Stop Amendment
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P.O. Box 1450
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Dear Sir:

In response to the Office Action dated October 15, 2004, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which
begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.